

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S)	Complete if Known	
	Application Number	To Be Assigned 10/813,338
	Filing Date	Herewith
	First Named Inventor	Anant Achyut Settur
	Art Unit	Unknown
	Examiner Name	Unknown
Sheet 1 of	Attorney Docket No.	RD 30742 (GLOZ 2 00133)

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
ab	AA	US-5,813,753	09/29/1998	Vriens et al.	
	AB	US-6,066,861	05/23/2000	Höhn et al.	
	AC	US-6,155,699	12/05/2000	Miller et al.	
ab	AD	US-6,274,890 B1	08/14/2001	Oshio et al.	
	AE	US-			
	AF	US-			
	AG	US-			
	AH	US-			
	AI	US-			
	AJ	US-			
	AK	US-			
	AL	US-			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Country Code-Number Kind Code (if known)				
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	AN					<input type="checkbox"/>
	AO					<input type="checkbox"/>
	AP					<input type="checkbox"/>

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
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Examiner Signature	<i>Asurk</i>	Date Considered	6/8/6
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